



# City of Lauderhill

## Weatherization/ Minor Home Repair/ Purchase Assistance Grant Application



You must submit a completed City of Lauderhill Application. You are required to submit **COPIES** of the following documents for your program of interest, along with the **General Requirements** to participate in the application process to obtain funding.

### **PURCHASE ASSISTANCE ONLY:**

- Mortgage prequalification letter stating the type of loan, the loan amount, term of loan and interest rate which cannot exceed 10%. **Adjustable rate mortgages need to include the interest rate for the first five (5) years of the loan, not to exceed 10%**
- A copy of the complete mortgage loan application
- A signed contract for the property to be purchased
- **Certificate of Completion for Homebuyer Educational Course**

### **REHABILITATION ONLY:**

- Verification that property taxes and Homeowners Association fees are current
- Verification that the mortgage is current or mortgage satisfaction letter from lender

### **GENERAL REQUIREMENT:**

- Property and Flood Insurance (or letter showing proof that flood insurance is not required);
- Drivers license or State identification for all household members age 18 and older;
- Social security cards and birth certificates for the entire household;
- Two (2) most current signed Income Tax Return with W/2's;
- Divorce decree or death certificate, if applicable;
- If the children living in your household are not claimed on your tax's return, you are required to submit a letter from the school or custody papers indicating the address where the children live;
- Legal custody documents for all children, living in the household, claimed on income tax return (i.e., letters of adoption, court ordered letters of guardianship);
- Documentation of child support and cash contribution payment amounts, if applicable;
- Third Party Employment Verification which has to be completed and faxed or mailed back to our office by the employer;
- Three (3) most current consecutive pay stubs for all household members age 18 and older;
- Third Party Asset Income Verification which needs to be completed and faxed or mailed back to our office by your banking institution;
- Front and back pages of three (3) most current consecutive months of bank statements for all accounts held by applicant, co-applicant, and all household members, including minors. All deposits other than payroll and social security payments that exceed \$100 must be documented;
- Current social security statement, pension benefit statement or benefit letter (including minors);
- Current whole life insurance policies stating cash value, if applicable; and
- Business statement for self-employed and independent contractors completed by your accountant or tax preparer and faxed back to our office, if applicable.

The City of Lauderhill will **NOT** make any copies of your documents. Application submittals are accepted by **APPOINTMENT ONLY**. Should you have any questions please feel free to contact Phinola Noel at (954)739-0100 ext. 3036. **Once you have been notified of approval you must close within the allotted time otherwise your request for funding will be terminated. (NO EXCEPTIONS)**

**Office Use Only:**

Year Built:	Lien Search Complete:	Lead Base Needed:	Income Level:
Previous Programs:			Homestead:
Number of Bedrooms	Number of Bathrooms	Current Assoc Fees?	

**Type of Assistance:** Purchase Assistance or Rehabilitation (circle one)

Applicant/Co-Applicant General Information	Applicant	Co-Applicant
Full Name:		
Social Security #:		
Date of Birth/Age:		
Email (required):		
Street Address:	Phone:	
City:	State/Zip:	
Mailing Address:	Phone:	
City:	State/Zip:	

**Other Household Members:**

Name(s)	Social Security #	Date of Birth/Age	Relationship to Applicant

Is Applicant, Co-Applicant, or any other household member, age 18 or older, a full-time student? If yes, please list:

Does Applicant/Co-Applicant own a home? Yes \_\_\_ No \_\_\_ Monthly rent/mortgage: \$ \_\_\_\_\_

If No, type of unit to be purchased? \_\_\_ existing unit \_\_\_ newly constructed unit

**Applicant/Co-Applicant Employment Information:**

Employee Name:	Employer Name:		
Position:	Supervisor:		
Address:	Time Employed:		
Pay Rate:	Pay Frequency:		
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			
Phone:	Fax:		

Employee Name:	Employer Name:		
Position:	Supervisor:		
Address:	Time Employed:		
Pay Rate:	Pay Frequency:		
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$			
Phone and Fax:			



**NOTE: Attach additional sheets as necessary for all household members 18 years and over.**  
**Other Sources of Income (For ALL Household Members 18 and Over, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)**

	<u>Name</u>	<u>Type of Income</u>	<u>Gross Annual Amount</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
			Total: \$ _____

**Assets and Asset Income (For ALL Household Members, Including Minors, List Checking and Savings Accounts, IRA, CD, Bonds, Stocks, Equity in Properties, etc.)**

	<u>Type of Asset</u>	<u>Asset Value</u>	<u>Bank/Account #</u>	<u>Annual Asset Income</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
		Total: \$ _____	Total: \$ _____	

**Liabilities (For ALL Household Members 18 and Over, List Credit Card Debt, and Auto, Real Estate and Mortgage Loans, etc.)**

	<u>Type Credit/Loan</u>	<u>Creditors Name</u>	<u>Balance Owed</u>	<u>Monthly Payment</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
			Total Annual Payments: \$ _____	

**Ethnicity/Special Needs (For reporting purposes only, please check all that apply for Head of Household Only):** White \_\_\_\_ Black \_\_\_\_ Hispanic \_\_\_\_ Asian/Pacific Islander \_\_\_\_  
 Native American \_\_\_\_ Farm worker \_\_\_\_ Disabled or Disabled Minor \_\_\_\_ Elderly \_\_\_\_  
 Homeless \_\_\_\_ Other: \_\_\_\_\_

I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Co-Applicant Signature

\_\_\_\_\_  
 Date

1. Do you have any outstanding unpaid collections or judgments? ( ) Yes ( ) No Amount \$ \_\_\_\_\_
2. Have you declared bankruptcy in the last 7 years? ( ) Yes ( ) No
3. Are you a party in a lawsuit? ( ) Yes ( ) No

**IMPORTANT APPLICATION READ BEFORE SIGNING**

The information provided is true and complete to the best of my/our knowledge to the disclosure of such information of purposes of income verification related to my/our application for financial assistance. I/we understand that any willful misstatement of material fact will be grounds for disqualification. Applicant understands that the information provided is needed to determine assistance eligibility and in no way assures qualification for assistance. The applicant also agrees to provide any other documentation needed to verify eligibility.

**Warning: Florida statute 817 provided that willful false statements or misrepresentation concerning income and assets or liabilities relating to financial condition is a misdemeanor of the first degree and its punishable by fines and imprisonment provided under S775.082.775.83.**

_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
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Agency Statement: Based on the income information provided by the household and upon proofs and documentation submitted, the household is: (check one)

\_\_\_\_\_ Very Low-Income (VLI) Household based on the current applicable definitions of up to 50% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

\_\_\_\_\_ Low-Income (LI) Household based on the current applicable definitions of up to 80% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

\_\_\_\_\_ Moderate-Income (MI) Household based on the current applicable definitions of up to 120% of the median income for the area adjusted for family size published by the U.S. Department of Housing and Urban Development.

**SIGNATURE OF THE GRANT ADMINISTRATOR OR HIS/HER DESIGNATED REPRESENTATIVE:**

SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_



## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I \_\_\_\_\_, the undersigned, hereby authorize \_\_\_\_\_  
\_\_\_\_\_ to release without liability, information regarding my employment, income,  
and/or assets to **City of Lauderhill**, for the purposes of verifying information provided as part of determining  
eligibility for assistance. I understand that only information necessary for determining eligibility can be  
requested.

### Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be  
requested are, but not limited to: employment history, hours worked, salary and payment frequency,  
commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of  
deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities,  
insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or  
worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child  
support payments.

### Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers Alimony/Child Support Providers Banks, Financial or Retirement Institutions Social  
Security Administration State Unemployment Agency Veteran's Administration Welfare Agency Other:

\_\_\_\_\_

### Agreement to Conditions:

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I  
have the right to review this file and correct any information found to be incorrect.

\_\_\_\_\_  
Signature of Applicant Printed Name Date

\_\_\_\_\_  
Signature of Co-Applicant/Household Member Printed Name Date

Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form  
4506, "Request for Copy of Tax Return" and prepare and sign separately.



## AUTHORIZATION FOR THE RELEASE OF INFORMATION

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\_\_\_\_\_ to release without liability, information regarding my employment, income,  
and/or assets to **City of Lauderhill**, for the purposes of verifying information provided as part of determining  
eligibility for assistance. I understand that only information necessary for determining eligibility can be  
requested.

### Types of Information to be verified:

I understand that previous or current information regarding me may be required. Verifications that may be  
requested are, but not limited to: employment history, hours worked, salary and payment frequency,  
commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificated of  
deposits, Individual Retirement Accounts, interest, dividends; payments from Social Security, annuities,  
insurance policies, retirement funds, pensions, disability or death benefits, unemployment, disability or  
worker's compensation, welfare assistance, net income from the operation of a business, and alimony or child  
support payments.

### Organizations/Individuals that may be asked to provide written/oral verifications are, but not limited to:

Past/Present Employers Alimony/Child Support Providers Banks, Financial or Retirement Institutions Social  
Security Administration State Unemployment Agency Veteran's Administration Welfare Agency Other:

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have the right to review this file and correct any information found to be incorrect.

Signature of Applicant	Printed Name	Date
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Signature of Co-Applicant/Household Member	Printed Name	Date
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Note: This general consent may not be used to request a copy of a tax return. If one is needed, contact your local IRS office for Form  
4506, "Request for Copy of Tax Return" and prepare and sign separately.





### THIRD-PARTY VERIFICATION OF EMPLOYMENT

State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Please fax to: **954-730-4227**.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant	Print Name	Date
Signature of Co-Applicant/Household Member	Print Name	Date

**Please return information to:**

Name: **Phinola Noel** Title: **Housing Program Coordinator**  
Department: **Housing and Economic Development Division** Phone: **(954) 730-3036**  
Address: **5581 W. Oakland Park Blvd. Lauderhill, Florida 33313**

Employer/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please provide information about anticipated employment income during the next 12 months:**

Position: \_\_\_\_\_ Length of Time Employed: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency (Hr, Wk, Mo): \_\_\_\_\_

Overtime Pay Rate: \_\_\_\_\_ Average Overtime Hours/Wk: \_\_\_\_\_

Total Annual Base Pay Earnings: \$ \_\_\_\_\_ Total Overtime Base Pay Earnings: \$ \_\_\_\_\_

Amount and Frequency of Other Compensation (bonus, raise, commission, tops): \$ \_\_\_\_\_

Vacation Pay (y or N): \_\_\_\_\_ If yes, number of days \_\_\_\_\_

Retirement Account (Y or N): \_\_\_\_\_ Amount Accessible to Employee: \$ \_\_\_\_\_

Total Gross Annual Income, including other compensation, for next 12 months: \$ \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**WARNING:** Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83.

**NOTE:** For ALL Household Members, including minors, obtain a signed copy of this form for each verification to be completed. Send form directly to depository institution; do not send form through applicant. Upon receiving verification, date-stamp, and compare information to that received on application. Make any necessary notation, date and initial. If significant differences exist between {amount reported and verified, obtain a written explanation from applicant and attach to file.





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Signature of Applicant	Print Name	Date
Signature of Co-Applicant/Household Member	Print Name	Date

**Please return information to:**

Name: **Phinola Noel** Title: **Housing Program Coordinator**  
Department: **Housing and Economic Development Division** Phone: **(954) 730-3036**  
Address: **5581 W. Oakland Park Blvd. Lauderhill, Florida 33313**

Employer/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please provide information about anticipated employment income during the next 12 months:**

Position: \_\_\_\_\_ Length of Time Employed: \_\_\_\_\_

Pay Rate: \_\_\_\_\_ Pay Frequency (Hr, Wk, Mo): \_\_\_\_\_

Overtime Pay Rate: \_\_\_\_\_ Average Overtime Hours/Wk: \_\_\_\_\_

Total Annual Base Pay Earnings: \$ \_\_\_\_\_ Total Overtime Base Pay Earnings: \$ \_\_\_\_\_

Amount and Frequency of Other Compensation (bonus, raise, commission, tops): \$ \_\_\_\_\_

Vacation Pay (y or N): \_\_\_\_\_ If yes, number of days \_\_\_\_\_

Retirement Account (Y or N): \_\_\_\_\_ Amount Accessible to Employee: \$ \_\_\_\_\_

Total Gross Annual Income, including other compensation, for next 12 months: \$ \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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## VERIFICATION OF INCOME FROM BUSINESS

State and/or Federal Regulations require us to verify business income information for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Please fax to: **(954) 730-4227.**

### Authorization:

I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicates my agreement with release of information requested for the sole purpose of determining eligibility for program assistance.

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Signature of Applicant	Print Name	Date
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Signature of Co-Applicant/Household Member	Print Name	Date
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### Please return information to:

Name: **Phinola Noel** Title: **Housing Program Coordinator**  
Department: **Housing and Economic Development Division** Phone: **(954) 730-3036**  
Address: **5581 W. Oakland Park Blvd. Lauderhill, Florida 33313**

Complete the (applicable) Sections below:

Dates Business transacted from \_\_\_\_\_ Gross Income \$ \_\_\_\_\_

Expenses (Provide Amounts for Applicable Expenses):

Interest on Loans:	\$ _____	Cost of goods/materials:	\$ _____
Rent:	\$ _____	Utilities:	\$ _____
Wages/Salaries:	\$ _____	Employee contributions:	\$ _____
Federal Withholding Tax:	\$ _____	State Withholding Tax:	\$ _____
FICA:	\$ _____	Sales Tax:	\$ _____
Other:	\$ _____	Straight Line Depreciation:	\$ _____
Total Expenses:	\$ _____	Net Income:	\$ _____

Signature of Authorized Representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



### **THIRD-PARTY VERIFICATION OF REGULAR CASH CONTRIBUTIONS (i.e. Rents income, Regular family assistance, Alimony, etc.)**

State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Please fax to: **954-730-4227**.

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Signature of Applicant	Print Name	Date
Signature of Co-Applicant/Household Member	Print Name	Date

**Please return information to:**

Name: **Phinola Noel** Title: **Housing Program Coordinator**  
Department: **Housing and Economic Development Division** Phone: **(954) 730-3036**  
Address: **5581 W. Oakland Park Blvd. Lauderhill, Florida 33313**

Contributor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Contribution: \_\_\_\_\_ Amount: \_\_\_\_\_

Frequency of contribution (circle one):    Daily    Weekly    Monthly    Yearly

Will payment continue over the next twelve (12) months (circle one):    Yes    No

Expected termination date of cash contributions: \_\_\_\_\_

Anticipate total cash contribution over the next twelve (12) months: \$ \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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### THIRD-PARTY VERIFICATION OF SOCIAL SECURITY BENEFITS

State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Please fax to: **954-730-4227**.

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Signature of Applicant	Print Name	Date
Signature of Co-Applicant/Household Member	Print Name	Date

**Please return information to:**

Name: **Phinola Noel** Title: **Housing Program Coordinator**  
Department: **Housing and Economic Development Division** Phone: **(954) 730-3036**  
Address: **5581 W. Oakland Park Blvd. Lauderhill, Florida 33313**

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Type of Benefit: \_\_\_\_\_ Gross Monthly Amount: \_\_\_\_\_

Type of Supplemental Security Benefit: \_\_\_\_\_ Gross Monthly Amount: \_\_\_\_\_

Deduction of Medicare (Y or N): \_\_\_\_ If yes, Amount Deducted: \$ \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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### THIRD-PARTY VERIFICATION OF UNEMPLOYMENT BENEFITS

State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Please fax to: **954-730-4227**.

**Authorization:** I hereby authorize the release of requested information. A copy of the executed "Authorization for the Release of Information" is attached which indicated my agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Signature of Applicant	Print Name	Date
Signature of Co-Applicant/Household Member	Print Name	Date

**Please return information to:**

Name: **Phinola Noel** Title: **Housing Program Coordinator**  
Department: **Housing and Economic Development Division** Phone: **(954) 730-3036**  
Address: **5581 W. Oakland Park Blvd. Lauderhill, Florida 33313**

Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Are Benefits being paid now (Y or N): \_\_\_\_\_ If yes, Gross Weekly Payments: \$ \_\_\_\_\_

Date of Initial Payment: \_\_\_\_\_

Claimant Eligible for Future Benefits (Y or N): \_\_\_\_\_ If yes, provide # of weeks: \_\_\_\_\_

If No, provide date of benefits termination or maximum duration of benefits: \_\_\_\_\_

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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## THIRD-PARTY VERIFICATION OF CHILD SUPPORT PAYMENTS

State and/or Federal Regulations require us to verify employment history for the person that has provided authorization below, in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. Please fax to: **954-730-4227**.

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Signature of Applicant	Print Name	Date
_____	_____	_____
Co-Applicant/Household Member	Print Name	Date
_____	_____	_____

### Please return information to:

Name: **Phinola Noel** Title: **Housing Program Coordinator**  
Department: **Housing and Economic Development Division** Phone: **(954) 730-3036**  
Address: **5581 W. Oakland Park Blvd. Lauderhill, Florida 33313**

Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of person paying child support: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Children's Name: \_\_\_\_\_

Amount of Support \$ \_\_\_\_\_ Weekly Monthly Yearly

Signature of authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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## Minor Home Repair/ Homeownership Assistance Affordability Period

Based on the Lauderhill Local Housing Affordability Plan, the affordability period is listed below. All grant recipients that receive funds under the City of Lauderhill grant programs must sign the corresponding mortgage note, which will be recorded in public records to express the position of the City.

10 years ..... Up to \$20,000  
15 years ..... \$20,001 to \$50,000

Specific terms and conditions are incorporated in the grant application and the contract documents. The applicant agrees to the following:

- ☐ Allow inspection by the hired inspector of the property and the rehabilitation whenever the City of Lauderhill determines that such inspection is necessary.
- ☐ Furnish complete, truthful and proper information as needed to determine eligibility for receipt of rehabilitation grant money.
- ☐ **The grant is made to the homeowner in the expectation that the homeowner will occupy the dwelling for at least 10 or 15 years as their primary residence and to this end a Mortgage Note is recorded in the Public Records of Broward County. It is also the intent of the grant that the dwelling remain as the owner's principal residence.**
- ☐ Permit the contractor and inspectors access to unit while rehabilitation work is in progress. Failure to do so will result in disqualification from the program and repayment of any funds expended to the contractor which will be the owner's responsibility.
- ☐ Permit the contractor to use, at no cost, existing utilities such as gas, water and electricity which are necessary to the performance and completion of the work.
- ☐ Cooperate fully with the City and the contractor to insure that the rehabilitation work will be carried out promptly.
- ☐ Permit the contractor clear access to the dwelling in order to make repairs. If the contractor determines that he cannot safely make repairs because the dwelling is filled with debris, junk or personal belongings, then the City may require the homeowner to remove or authorize in writing the removal of the material before proceeding with rehabilitation work.
- ☐ All state and local property taxes must be paid up prior to start of work.

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Signature of Applicant	Print Name	Date
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Co-Applicant	Print Name	Date
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# Primary Resident Statement

Program Year \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: Lauderhill State: Florida Zip: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_/I/We hereby certify that: The minor home rehabilitation of the described property, through the City of Lauderhill, Grant Program, will be my/our permanent, full-time, primary (owner-occupied) residence and that I/We have no other permanent residence, either in the State of Florida, or any other state or country.

\_\_\_\_\_/I/We understand and agree that if I/We accept Grant funds to rehabilitate the described property and I/We do not move in the property that I/We have committed Fraud and that the Grant Funds will be called due.

\_\_\_\_\_/I/We further understand that pursuant to the City of Lauderhill, Program guidelines, any misrepresentation on this statement subjects me/us, the Owner(s), to severe penalties.

Pursuant the guidelines of the City of Lauderhill, Grant funds, Submission of the application and this statement authorizes the City of Lauderhill staff to request or collect information sufficient to verify primary residency for the period specified on the Mortgage and Note.

Date of Occupancy: \_\_\_\_\_

Owner's Signature: X \_\_\_\_\_ Date Signed: \_\_\_\_\_

Co-Owner's Signature: X \_\_\_\_\_ Date Signed: \_\_\_\_\_

[ ] As the owner, I will be renting/leasing the above described property on a year round basis to a tenant. The above described property will NOT be my Primary Residence; therefore, I **decline** the grant.

Owner's Signature: X \_\_\_\_\_ Date Signed: \_\_\_\_\_

Co-Owner's Signature: X \_\_\_\_\_ Date Signed: \_\_\_\_\_

Verified and Received by the City of Lauderhill, by \_\_\_\_\_ Date \_\_\_\_\_





## **Child Support Collection Affidavit**

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me, the undersigned officer, duly authorized to administer oaths, \_\_\_\_\_, whose home address is

\_\_\_\_\_

Who, under oath states as follows for the (check applicable box):

Name of child(ren): \_\_\_\_\_

- ☐ "That I have never collected Child Support for my child(ren)"
- ☐ "That I am court ordered to receive Child Support, but do not receive any payments from the other parent ordered by the courts to pay."
- ☐ "That I collect child support in the amount of \$\_\_\_\_\_ on a basis of:
- ☐ Weekly
  - ☐ Bi-weekly,
  - ☐ Monthly,
  - ☐ Yearly

\_\_\_\_\_  
AFFIANT (Signature)

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public (Print)

\_\_\_\_\_  
Notary Public (Signature)

My Commission Expires: \_\_\_\_\_

Notary Stamp Here